

# Wisconsin Department of Safety and Professional Services

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**Phone #:** (608) 266-2112

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Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## NURSING HOME ADMINISTRATORS EXAMINING BOARD

### RECIPROCITY EXPERIENCE RECORD

**INSTRUCTIONS:** Complete this form and return directly to DSPS at the above address. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or [dspscrednha@wisconsin.gov](mailto:dspscrednha@wisconsin.gov).

The information below is being provided as evidence of having completed at least 2,000 hours of practice as a nursing home administrator in any consecutive 3-year period within the 5-year period immediately preceding the date of application. (Attach additional sheets, if necessary.)

**1. Name of Nursing Home:**

**Nursing Home Address:**  
(street, city, state, zip)

**Title:**

**Employment Period:**

From:  /  /

To:  /  /

**Hours Worked:**

☐ Full-Time

Number of Hours per Week:

☐ Part-Time

Number of Hours per Week:

**2. Name of Nursing Home:**

**Nursing Home Address:**  
(street, city, state, zip)

**Title:**

**Employment Period:**

From:  /  /

To:  /  /

**Hours Worked:**

☐ Full-Time

Number of Hours per Week:

☐ Part-Time

Number of Hours per Week:

**3. Name of Nursing Home:**

**Nursing Home Address:**  
(street, city, state, zip)

**Title:**

**Employment Period:**

From:  /  /

To:  /  /

**Hours Worked:**

☐ Full-Time

Number of Hours per Week:

☐ Part-Time

Number of Hours per Week: